



## Network Notification

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**Date:** April 29, 2011

**Number:** OH-P-2011-20

**To:** Ohio Providers

**From:** CareSource

**Subject:** New Prior Authorization Changes to Select Specialty Medications and Pain Management Procedures

**Effective Date: Specialty Pharmacy – June 1, 2011**

**Effective Date: Pain Management Procedures – July 1, 2011**

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### **Specialty Pharmacy PA Changes in the Provider Setting – Effective June 1:**

Effective June 1, 2011, CareSource will require prior authorization on 10 classes of [specialty medications](#).

CareSource uses evidence-based guidelines to ensure health care services or medications meet the standards of excellent medical practice. In addition, these new policies have gone through an independent, external review process.

**Ohio Providers:** The medical benefit for specialty drugs requiring PA will begin June 1, 2011.

### **What Medications Will Require PA?**

The following [list of medications](#) will require specialty pharmacy authorization.

### **How to Submit PA for Specialty Pharmacy?**

**Phone:** Specialty Pharmacy – 1-800-488-0134

**Fax:** Specialty Pharmacy – 1-888-399-0271

- Please complete the [Prior Authorization](#) form
- Please attach supporting documentation along with your request
- J-Codes and/or NDC # **must be submitted** with all requests

- Each policy will be posted on our [Medical Policies](#) section starting in May and details the clinical criteria that must be met in order to be authorized.

### **How will Providers Know if the Request Was Approved?**

CareSource will notify providers if the request was approved or denied by fax within 5 business days of the request if the drug is to be billed under the medical benefit; and within 24 hours if the drug is to be billed through the pharmacy benefit.

### **Pain Management Procedures PA Changes – Effective July 1:**

Effective July 1, 2011, CareSource is implementing a policy change that will now require prior authorization for some interventional pain management procedures. Also included in this policy is a change in authorization for associated anesthesia services.

### **Procedures and CPT Codes Affected by this Policy Change:**

- **Soft Tissue and Trigger Point Injections:** Maximum of 8 injections in a 12 month period by the same or multiple providers. **CPT Codes:** 20550, 20551, 20552, 20553
- **Facet Joint and/or Facet Joint Nerve Injection:** Greater than 6 injections in a 12 month period by the same or multiple providers require prior authorization. **CPT Codes:** 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495
- **Epidural Steroid Injection and Selective Transforaminal Epidural Injection:** Greater than 3 injections in a 12 month period by same or any provider require prior authorization. **CPT Codes:** 62310, 62311.
- **Sacroiliac Joint Injection:** Greater than 6 injections in a 12 month period require prior authorization. **CPT Codes:** 27096
- **Monitored Anesthesia:** Monitored anesthesia will not be authorized for any interventional pain management procedures listed above. Conscious sedation, if preferred, does not require prior authorization, but services will be considered part of the procedure and are not eligible for additional reimbursement. **CPT Codes:** 01991, 01992, 01935, 01936

### **How to Submit for Prior Authorization for Pain Management?**

**Call:** 1-800-488-0134

**Fax:** 1-888-752-0012

**Online:** Submit requests through our secure [Provider Portal](#)

For additional information on [Prior Authorization](#) changes for [Specialty Pharmacy](#) and Pain Management, please visit our Website.